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ABSTRACT

As a characteristic which is most important for counselor effectiveness, the concept of empathy has long held a central position. The author uses this rationale as the main reason for his commentary on the value of empathy in counseling effectiveness. The author suggests that if counselors are convinced of the importance of empathy, 2 types of practical questions should be raised. The first concerns the learning of empathy and the unbiased assessment of one's own level of empathy in interviews. The other concerns the adequacy of counselor empathy to produce the desired change in the client. The author also discusses empathy from the viewpoint of learning theorists and provides some implications from this viewpoint. Finally, the author provides some discussion regarding the importance of empathy in the overall plan of treatment. The author concludes by suggesting that more refined definitions as well as more precise measurement of empathy's effects must be developed. (RK)

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A RECONSIDERATION OF EMPATHY IN COUNSELOR EFFECTIVENESS

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As a characteristic which is most important for counselor effectiveness, the concept of empathy has long held a central position. Professional judgement (Spilken, Jacobs, Muller, & Knitzer, 1969) as well as extensive research (Truax & Carkhuff, 1967) support the notion that empathy is a central factor in effective helping relationships. Indeed, many have concluded that empathy is the central factor in counseling effectiveness. In any case, it seems clear that no other single concept of counselor effectiveness has received such extensive support.

This is not to say, however, that the concept of empathy does not have its critics. Recently the reliability as well as the construct validity of the concept itself have been questioned (Chinsky & Rappaport, 1970). An additional qualification concerning the necessity of empathy was recently raised by Gladstein (1970) in the Personnel and Guidance Journal. In that article it was noted that evidence for the importance of empathy for client improvement had been drawn primarily from hospitalized populations and that research support for its importance with more normal populations was lacking.

Of these criticisms the issue of reliable judgements seems rather minor. The inflation of interjudge agreement by the making

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of repeated ratings on the same counselors is easily avoided. In my own research I have been able to get interjudge agreements into the 90s on designs where only a single rating was assigned to each counselor. The question of the relevance of empathy for normal populations is important, but studies are relatively few and it appears a bit early to conclude that the null hypothesis has been proven. Although additional empirical evidence is needed, it certainly appears to me in observing counselors in training, that at least a minimal level of empathic ability is necessary if the client is to remain in the relationship and if progress is to be made. Chinsky and Rappaport's (1970) discussion of the construct validity of empathy does present some disquieting data, however. In one of the studies surveyed (Truax, 1966a) judgements of accurate empathy were made under two conditions. Under the first condition, judges rated counselor statements for degree of empathy from interview tapes which included statements of both client and counselor. Under the second condition client statements were deleted from the tapes and counselor statements in isolation from the statements of clients were judged for empathy. Since interjudge agreement was essentially the same under the two conditions, the authors questioned the extent to which judged empathy refers to the accuracy of counselor responses to client feelings since no client statements were seen by the judges. It was concluded that ratings of accurate empathy are based upon some characteristic of the counselor, such as response style, rather than

upon accurate counselor perception of client feelings. Although this attack upon the concept of empathy appears to be a serious one, I suspect that the findings reported are somewhat artifactual. I would argue that experienced counselors who give certain types of responses, such as reflections, tend also to be relatively accurate in their perceptions of client feelings--hence, the similarity of judgements of empathy under the two conditions. In other words, it should be possible to rearrange client and counselor statements so that there would be no relationship between counselor response style (e.g., reflections) and judged accuracy of empathy. For example, if the counselor statement was, "Then it felt good to tell off your father for a change," the rated level of empathy would vary considerably according to whether the client had just discussed a confrontation with his father or had just described his felt needs to improve his study skills.

If one is convinced of the importance of empathy, two types of practical questions are then raised for the counselor. The first type of question concerns the learning of empathy and the unbiased assessment of one's own level of empathy in interviews. It is indeed rather disquieting to raise the question as to whether most of us have ever learned to convey a high level of empathy. There is evidence, anyway, that the average level of empathy displayed by many practicing professionals is rather low--perhaps below the minimal level needed to be facilitative at all (Carkhuff, 1967). In his survey of training literature, Carkhuff (1967) inferred that there

was actually a decline in level of empathy between the first and last year among students in therapy training program.

To counter this bleak picture, however, there are also research data to indicate that rather high levels of empathy and other facilitative conditions can be achieved in training programs which are specifically structured for their development and that appreciable skill levels can be reached in relatively brief training programs for paraprofessional counselors (Truax & Carkhuff, 1967), self-selected student client diads (Higgins, Ivy, & Uhleman, 1970), and even among adult schizophrenics (Pierce & Drasgow, 1969). In our own supervision analogue studies, my colleagues and I have produced appreciable improvement in empathic skills in as little as 30 minutes of training (Payne & Gralinski, 1968; Payne, Winter, & Bell, 1970).

In empathy training, method seems to be a relevant factor. Most of the theoretical literature on supervision advocates an experiential approach and stresses the importance of counselor self-examination with a supervisor of high empathy for counselor feelings (Arbuckle, 1963; Patterson, 1964; Rogers, 1957). Research data, however, give relatively little support to this majority voice of theorists. While there is some evidence that more empathic supervisors produce greater empathy learning on the part of their trainees (Pierce & Schauble, 1970), most of the empirical evidence seems to support the greater utility of modeling, cognition, and reinforcement, in the learning of empathy and related counselor skills

(Claus, 1968; Eisenberg & Delaney, 1970; Miller, 1969; Payne, Winter, & Bell, 1970). Hence, the receiving of empathy from a supervisor may not be essential to the learning of empathy. Some of our data suggest supervisor empathy may even be detrimental to such learning. Obviously, more empirical work is needed in this rather neglected area.

Earlier the issue of self-assessment was raised and I want to come back to it. Although for most of us, self-assessment is about the only type of feedback information we get concerning such issues as level of empathy, it should come as no surprise that such self-assessment or introspection is an undependable guide. My research has typically revealed a zero correlation between self-assessed empathy and the assessments of trained judges (Payne & Gralinski, 1969). Unfortunately, even evaluation from an individual supervisor may not be a very dependable guide either. We found zero correlations between supervisor ratings of counselor empathy and that of trained judges. Hence, the suggestions of Truax and Carkhuff (1967) seem helpful. These authors stress the rating of interview tapes and typescripts with other judges and finally the rating of one's own tapes with other judges. With this training procedure one would expect that a much higher level of self-objectivity could be achieved.

Another set of questions concerns the adequacy of counselor empathy to produce the desired change in the client. Many supervisors have had the experience of observing interviews in which the counselor seemed highly empathic and yet

no change was seen in the client. While it appears that empathy is the most central factor in measures of facilitative conditions, writers usually acknowledge that other counselor conditions are needed. In his earlier writings Rogers included as necessary and sufficient conditions for client growth, additional variables such as positive regard and counselor congruence. Others in the Rogerian tradition added such qualities as counselor concreteness and action orientation. Another approach has been to expand or redefine the concept of empathy itself. In the more recent empathy scales of Truax (1961) and Carkhuff (1969) higher levels of empathy are assigned to less obvious contents in the client's statements. Helping the client become aware of those feelings of which he is only dimly conscious is viewed as being highly empathic. Hence, counselor use of confrontations and interpretations, while not automatically rated at the higher end of the scales, are given as examples of counselor statements of potentially high empathy. In contrast, earlier examples of high empathy usually gave primary empahsis to acceptance remarks, and in particular to reflections and summary statements. It would appear that this more recent attention to "deeper" meanings provides a bridge between Rogerian and psychoanalytic concepts and was facilitated by the close working of Rogers and his colleagues in the Wisconsin project with professionals of other theoretical orientations. Although I am personnaly somewhat skeptical of "depth" interpretations, it seems to me

that some of the more recent writers have performed a valuable service by emphasizing the importance of client ambivalences and by demonstrating how these may be dealt with in ways that may be most helpful to the client.

A somewhat contrasting view of empathy is given by those who approach counseling from the viewpoint of learning theory (Wilson, Hannon, & Evans, 1968). For learning theorists empathy and other relationship variables may be useful in that they help to establish the therapist as a source of positive reinforcement for the client. Thus, classes of client responses the therapist judges to be conducive to more effective adjustment may be reinforced by therapist empathy. Conversely, the counselor may extinguish nonproductive types of verbalizations by withholding such empathic responses. Truax (1966b) in a content analysis of one of Rogers' interviews, presented evidence that Rogers himself made empathic responses contingent upon the content of the client's statements. Hence, Truax questioned Rogers' tenet that the counselor responds in an unconditional manner to statements of the client. More recently Vitalo (1970) demonstrated that the empathic experimenter produces more effective learning in a laboratory experiment in verbal learning. These types of evidence then, raise questions concerning the extent to which it is possible or desirable to be truly nondirective.

A final approach to evaluating the importance of empathy is to consider its place in an overall plan of treatment. It

appears that a major weakness of the earlier Rogerian approach was the assumption that little problem diagnosis and planning of treatment were necessary. Or, if they were needed, the client would do them for himself. The more recent evidence on the effectiveness of a variety of approaches in treating certain specific problems stands in sharp contrast to the rather unimpressive evidence of the success of older, more global approaches. The newer behavioral approaches emphasize both the need for problem definition as well as the planning and strategy which will be most effective in producing the desired change. By ignoring these factors, the emphasis given to facilitative conditions such as empathy, strikes me as having been one-sided at best.

In contrast to Rogerians, most learning theorists give considerable attention to the techniques and strategies of behavior change. I find behavioral writers less clear, however, on the issue of problem definition and on deciding what behaviors are most in need of modification. In this regard the client who cannot identify or verbalize his problem, as well as the client who initially presents a "facade" or very minor problem, immediately come to mind. It is at this stage in the treatment process that I feel therapist empathy can be particularly facilitative. In other words, counselor empathy seems very useful in helping many clients through the often slow process of formulating what their problems are and in evaluating which problems seem to be of central importance. At the same time, the counselor needs

to be aware of perseveration and to alternate understanding responses with directiveness and a wide range of questioning if problem definition is to be developed most effectively.

Once problem definition has been developed and a plan of treatment has been formulated, certain complications arise. At this stage the importance or even the definition of empathy becomes more problematical. For example, in systematic desensitization, the construction of hierarachies would seem to provide for the utilization of empathic responses as traditionally defined. However, in progressing with the relaxation and visualization in the presentation of items, what is empathy then? Is the counselor showing high empathy because it has previously been determined that the items themselves are indicative of situations which elicit strong feelings from the client's? Are they low in empathy because of their structured presentation and because the initiative remains with the counselor? Or does the dimension of empathy become unimportant or irrelevant at these times? If empathy is to be thought of as a characteristic of good therapy which applies to therapeutic approaches other than the so called non-directive, such question need to be dealt with. The usual definitions of empathy and empathy scales seem to leave this question unanswered. Other examples difficult to classify on the dimension of empathy would be behavioral rehearsal, the development of schedules of activities the client will attempt to accomplish in the coming week, etc. Other problems of definition arise in some types

of confrontations. Consider the alcoholic who says, "Well, Doc, I think I see where I went wrong now, but I don't need any of these therapy programs we have been talking about. I'm on the wagon for good now". What if the counselor says, "Let's cut out the shit, John. You know and I know that without a therapy program you will be back in the gutter in a week". Would it be more empathic to say, "I get the feeling that you would like for both of us to believe something you really know won't happen".

Additional situations in which empathy may not be helpful or in which what is empathic has to be redefined are sometimes reported in the literature. Wolf (1964) tells of a case in which time-limited social isolation was successful in reducing self-destructive behavior by an autistic child. However, the treatment was temporarly subverted by an aide who conveyed sympathy and understanding to the boy while he was being taken to his room for one of the isolation periods. Similarly Ayllon and Michael (1969) reported a successful attempt to eliminate psychotic talk in an adult schizophrenic by directing ward personnel to ignore such psychotic verbalizations but instructing them to attend to conventional social discourse. However, at one point the patient regressed dramatically when unknown to the experimenters, a social worker started holding interviews with the patient and apparently once again began attending to the psychotic material.

In conclusion, I feel that the concept of empathy has been a useful and stimulating one. More refined definitions

as well as more precise measurement of its effects remain for us as practioners and researchers. To me empathy does not represent a universal therapy to be applied to all persons, with all problems, all of the time. Rather, the need is for increased sophistication into the issue of how empathy can be helpful, for which purposes, and at what time in the therapeutic process.

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